

LAC USE ONLY
Date Application Received

Licensing Advisory Committee
 Room 315 – 1181 Portage Avenue
 Winnipeg MB R3G 0T3



This Application is made pursuant to the provisions of *The Resource Tourism Operators Act*

Application for Authorization to

ESTABLISH
 CONSTRUCT
 MODIFY/EXPAND
 MOVE

PERSONAL INFORMATION (PLEASE PRINT)

Applicant				
Primary Contact (if applicant is Corporation)				
Telephone	(H) ()	(W) ()	Fax	()
E-mail Address	Date of Birth		(Day/Month/Year)	
Permanent Address	Street/P.O. Box	City/Town	Prov/State	Postal/Zip Code
Mailing Address (if different from above)	Street/P.O. Box	City/Town	Prov/State	Postal/Zip Code
Other Jurisdiction(s) In Which You Are Currently Providing or Have Previously Provided Outfitting Service(s)				

NAME AND LOCATION OF FACILITY

Name of Business		
Registered Business Name?	Yes No	If yes, Business Registration No.
Proposed Location of Facility	Latitude/Longitude	Section/Township/Range
Select as Appropriate		
City / Town / Village / Municipality / Unorg'd Territory / Crown / Private / Prov Park / Nat'l Park / First Nation Reserve		
Proposed Lake	Legal Name	Local Name
River	Legal Name	Local Name
or Other Water System to be Used	Legal Name	Local Name
Attach additional sheet if required.		

TYPE OF FACILITY

RESOURCE USE

Lodge units capacity

Permanent:
 Semi-Permanent:
 Private Residence: Occupied: Yes No

Outcamp units capacity

Permanent
 Semi-Permanent
 Private Residence Occupied Yes No

Portable Camp

Tent units capacity

Trailer units capacity

Motorhome units capacity

Houseboat units capacity

Campground units capacity

Related Facility

Shelter units _____
 specify use

Cache boats _____
 other (specify)

Angling Hunting

Species	Resident	Non-Resident
Black Bear	<input type="checkbox"/>	<input type="checkbox"/>
Moose	<input type="checkbox"/>	<input type="checkbox"/>
Deer	<input type="checkbox"/>	<input type="checkbox"/>
Caribou	<input type="checkbox"/>	<input type="checkbox"/>
Elk	<input type="checkbox"/>	<input type="checkbox"/>
Game bird	<input type="checkbox"/>	<input type="checkbox"/>
Waterfowl	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Ecotourism

Please specify _____
 Include details in operational plan _____

Game Hunting Area(s) – Specify by Species (also required for game bird and waterfowl)

Note: Depending on the type of facility being applied for, appropriate building plans approval, site plan, floor plan, and/or pictures must be provided with this application. Please refer to the *Licensing/Permitting Requirements for Outfitters* guidebook for more information.

PERIOD OF OPERATION

All Year

Seasonal From _____ to _____ Total Days/Year _____
 Month Month

METHOD OF OPERATION

A) MANAGEMENT:

- Name of Manager (**lodge**) _____
- Name of Manager (**outcamp**) _____
 (outcamps with capacity of 6 or more are required to have camp management)
- Number of Employees: Full Time _____ Part Time _____

B) SERVICES TO BE PROVIDED:

- Guide Services _____
- Accommodation _____
- Food Service _____
- Rentals _____
- Other _____

C) OPERATIONAL PLAN / DEVELOPMENT PLAN (where applicable): **Please provide details of your proposal on a separate sheet**

D) EQUIPMENT: List all equipment to be used in conjunction with your facility/service on a separate sheet

FINANCIAL DATA

Planned Total Investment for Proposed Development or Expansion		
\$ _____ First Year	\$ _____ Second Year	\$ _____ Third Year
1. Value/Cost of Land \$ _____	9. How to you intend to finance?	
2. Cost of Site Improvements \$ _____	10. Name and Address of Financial Institution	
3. Cost of Buildings \$ _____		
4. Cost of Furnishings \$ _____		
5. Cost of Equipment \$ _____	11. References	
6. Total Capital Cost \$ _____		
7. Total Equity \$ _____		
8. Total Financing Required \$ _____		

DECLARATION

I (We) expressly consent to the Manitoba Government conducting a prerequisite background check for the purpose of determining my (our) eligibility for establishing, constructing, modifying, expanding or moving a resource tourism facility.

I (We) understand and certify that the above information is complete and accurate to the best of my (our) knowledge.

I (We) enclose the non-refundable application fee of \$_____ made payable to the Minister of Finance.

Application Fees:

- Lodge \$200 • Outcamp \$100 • Portable Camp \$100 • Campground \$100 • Related Facility \$25 •
- Structurally Alter/Expand/Move Lodge \$125 • Structurally Alter/Expand/Move Outcamp \$50 •
- Move/Expand Portable Camp \$50 • Expand Area of Operation \$25 •

	Applicant Name (Please Print)
Date	Applicant Signature